SCHEDULE# 2294

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 1 OF 9

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

COMMUNITY HEALTH ADMINISTRATION

Item #	Description of Records (Programs, Forms, etc.)	Retention
	This schedule has been prepared to provide records Health Administration, following reorganization of the The following schedules are superseded: 200,201,204, 525A, 666, 668,704-08,704-09, 704-13, 933, 933A, 1139,	management guidance to the Community Community and Public Health Administration. 205, 210, 211, 214, 217, 218, 219, 229, 234,235, 1139A, 1519, 1520, 1521, 1522, 1652, and 2069.
1	Administration A. Historic papers which illustrate the development and containment of disease	>>Retain permanently in office. Transfer periodically to State Archives.
	B. Health Officer memos	>>Retain in office for ten (10) years. Transfer to State Records Center for ten (10) more years then destroy.
	C. Site Visit Reports	>>Retain in office for four (4) years then destroy.
	D. Consultation Report Forms	>>Transfer to State Records Center for twelve (12) years then destroy.
2	EPIDEMIOLOGY AND DISEASE CONTROL Communicable Disease and Surveillance	
	A. Statistical Reports for Centers for Disease Control and Prevention	>>Retain in office ten (10) years then destroy.
	B. Communicable Disease Surveillance Annual Summary Reports to CDC	>>Retain in office five (5) years then destroy.
	Maryland Confidential Morbidity Report on cases of disease reported to the Unit other than TB, syphilis or gonorrhea	>>Retain for five (5) years . Transfer to State Records Center and retain for five (5) more years then destroy
	D. Communicable Disease Surveillance-Laboratory Reports other than TB, syphilis, gonorrhea, and chlamydia (DHMH 1281 "Laboratory Evidence of Certain Communicable Disease)	>>Retain in office for five (5) years. Transfer to State Records Center and retain for five (5) more years then destroy
	Case Investigation Reports (DHMH, CDC, any other case report or surveillance forms and other summaries of case investigation)	>>Retain for five (5) years . Transfer to State Records Center and retain for five (5) more years , then destroy
	F. Salmonella typhi Carrier Record	>>Retain in Office until death of carrier or until released from supervision by the Health Officer, then destroy.
		TED DV. (c) DATE: USE A G. cocc

APPROVED BY: (DHMH Official) DATE: OCT 2 9 2003
SIGNATURE: The Manual Date: OCT 2 9 2003

Diane Matuszak, M.D., Director

AUTHORIZED BY: (State Archives) DATE: UEC 9 2 2003

|SIGNATURE:

Dr. Edward C. Papenfuse, Jr., State Archivist

DGS 550-1 (DHMH 2003)

RECORDS RETENTION AND DISPOSAL SCHEDULE

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DEPARTMENT OF HEALTH & MENTAL HYGIENE

COMMUNITY HEALTH ADMINISTRATION

Item#	Description of Records (Program, Forms, etc.)	Retention		
3 .	Outbreak and Case Investigation	·		
	 A. Outbreak and Case Investigation Files. (Except for TB investigations) 	>>Retain in office for three (3) years. Transfer to Records Center and retain for twenty-two (22) more years then destroy.		
•	B. Outbreak preliminary reports and final reports notebooks	>>Retain in office for ten (10) years. Transfer to Records Center and retain for fifteen (15) more years then destroy		
4	Veterinary Medicine	>Screen annually. Records five (5) years old can be destroyed if no longer needed.		
	A. Human post-exposure vaccination and	be deducted if the longer freeded.		
	treatment and pre-exposure B. Animal Bite Reports			
,	C. Exotic Bird Permits			
*	D. Maryland Animal Bite Report and Quarantine	;		
	Reports E. Maryland Rabid Animal Surveillance Reports			
	2. Walyland Nasid / William Garvellande Neports			
-	Tuberrate to and B. Const. House			
5	Tuberculosis and Refugee Health			
	 A. Division of TB Control -Tuberculosis Case/ Suspect Report (DHMH 4501) and associated case files that contain laboratory reports and other detailed information on TB. 	>>Retain in office for five (5) years. Transfer to State Records Center and retain for fifteen (15) more years, then destroy.		
		Records of patients who die during TB treatment, or are diagnosed with TB after death may be destroyed after state and LHD program review.		
	B. Case files of multiple-drug resistant patients and those incarcerated for noncompliance with TB treatment.	>>Retain for twenty (20) years then destroy.		
	C. Tuberculosis Information Management System (TIMS) data files.	>>Retain for five (5) years then destroy. Retain annual case line listing twenty (20) years then destroy.		
	D. Verified TB Case Notebooks (1913 to 1989): Contains lists of reported TB cases	>>'Retain until 2020 then destroy.		
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SCHEDULE# 2294

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 3 OF 9

Item #	Description of Records (Programs, Forms, etc)	Retention			
5	Tuberculosis and Refugee Health (Continued)				
	E. DHMH 851; TB Chemoprophylaxis Records (contain data on individuals whom receive preventive TB treatment.	>>Retain for one (1) year after entered into surveillance database then destroy.			
	F. CDC TB Program Management Reports.	>>Retain five (5) years then destroy.			
	G. TB Investigation files: include special investigations, i.e., large contact investigations, investigations of outbreaks, laboratory contamination, and significant clusters of culture positive cases with identical DNA fingerprints.	>>Retain in office for five (5) years . Transfer to State Records Centers for five (5) more years then destroy.			
	H. TB Alien Report forms: Forms used to notify states about aliens entering with TB.	>>Retain for three (3) years then destroy.			
	Refugee Health Screening Records and other refugee program management reports.	>>Retain for three (3) years ,. then transfer to State Records Center for ten (10) more years then destroy.			
	J. HIV/TB co-infection data	>>Retain until required surveillance reports are completed (not more than 2 years) then destroy.			
6	Sexually Transmitted Diseases				
	A. (STD) Syphillis Confidential Morbidity Report DHMH 1140 (Morbidity Report): contains Information on individual cases, state of disease, laboratory information and treatment of patients and lab information	>>Retain in office for one (1) year . Transfer to State Records Center for twenty (20) more years then destroy.			
	B. Syphilis Interview Reports	>>Retain until statistical analysis reports are completed, not more than two (2) years then destroy.			
		<u> </u>			

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 4 OF 9

COMMUNITY HEALTH ADMINISTRATION					
Item #	Description of Records (Program, Forms, etc.)	Retention			
6	Sexually Transmitted Diseases (Continued)				
	C. Syphilis Contact Reports	>>Retain until statistical analysis reports are completed, not more than two (2) years then			
	D. Syphilis Laboratory Reports	destroy. >>Retain until statistical analysis reports are completed (not more than two (2) years) then destroy.			
	E. Gonorrhea Maryland Confidential Morbidity Report (DHMH 1140)	>>Retain in office for one (1) year. Transfer to State Records Center for two (2) more years then destroy.			
	F. Gonorrhea Interview Reports	>>Retain until statistical analysis reports are completed (not more than two (2) years) then destroy.			
	G. Gonorrhea Contact Reports	>>Retain until statistical analysis reports are completed (not more than two (2) years) then			
	H. HIV Interview Reports	destroy. >>Retain until statistical analysis reports are completed (not more than two (2) years) then			
	I. HIV Contact Reports	destroy. >>Retain until statistical analysis reports are completed (not more than two (2) years) then destroy.			
7	Immunizations Vaccine for Children Program Records	>Screen annually, destroy records that are superseded or no longer required.			
	OFFICE OF FOOD CONTROL & CONSUMER SERVICES				
8	Bedding & Upholstery License File Licenses are issued to manufacturers selling bedding and upholstery in the State of Maryland under the Maryland Bedding & Upholstery Law, including DHMH 300-5 Bedding & Upholstery License. Licenses are issued every calendar year and are audited.	>Retain for three (3) years , then destroy.			
.9	Bedding & Upholstered Furniture Inspections City and County inspection reports on bedding and upholstery firms. Inspection of dealers and all establishments for Division of Product Safety including all general correspondence for Product Safety and Bedding and Upholstery Department, including DHMH-84 Bedding & Upholstery Inspection Form	>Retain in office for three (3) years. Transfer to the State Records Center for three (3) additional years then destroy.			
10	Disinfection Permit Files Permits are issued to sterilizers who sterile used bedding and upholstered furniture. Permits are issued every year and include DHMH 300-5 Disinfection License.	1			
<u></u>	UMU 2002) Continuation Chart	I			

SCHEDULE # 2294

RECORDS RETENTION AND DISPOSAL SCHEDULE

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COMMUNITY HEALTH ADMINISTRATION				
Item#	Description of Records (Program, Forms, etc.)	Retention		
11	Product Safety Administrative Correspondence Consumer Product Safety Commission reports, complaints from companies and citizens regarding children's toys, clothing, and complaints regarding the safety of different products, Division of Product Safety Regulations and general correspondence on everything pertaining to safety and protection for the consumer.	>Retain for three (3) years then destroy.		
12	Swimming Pool Files A. Permitting and Inspection Forms B. Construction Permits C. Construction plans and equipment specifications	>>Retain for three (3) years then destroy >>Retain for the life of facility then destroy >>Retain for the life of facility then destroy		
13	Migratory Labor Camp Files A. Permit applications B. Inspection reports C. Facility plans D. Correspondence concerning compliance	>>Retain for ten (10) years then destroy. >>Retain for ten (10) years then destroy. >>Retain for the life of the camp, then destroy. >>Retain for ten (10) years then destroy.		
14	Youth Camp Files A. Certificate Applications B. Inspection Reports C. Facility Plans D. Correspondence E. Copies of Certificates	>>Retain for ten (10) years then destroy. >>Retain for ten (10) years then destroy. >>Retain for the life of the camp, then destroy. >>Retain for ten (10) years then destroy. >>Retain for ten (10) years then destroy.		
	DIVISION OF MILK CONTROL			
15	Frozen Desert Manufactures A. Applications for Licenses B. License for Frozen Desert C. Inspection Reports D. Water Sample Reports E. Product Sample Reports F. Correspondence & Complaints	>Retain for four (4) years , then destroy		

RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE 6 OF 9

Item #	Description of Records (Program, Forms, etc.)	Retention				
16	Processing Plants	>Retain for four (4) years , then destroy.				
	 A. Applications for Processing licenses B. Licenses for processors C. Product sample sheets D. Correspondence & Complaints E. Plant equipment reports F. Inspection Reports G. Water Sample Sheets 					
17	<u>Haulers</u>	>Retain for four (4) years , then destroy				
	 A. Evaluation Reports B. Farm Pick-up sheets C. Correspondence D. Permit Applications E. Testing Results F. Hauler Permits 					
18	Manufacturing Grade	>Retain for four (4) years , then destroy.				
	A. Inspection Reports B. Water Sample Sheets C. Product Sample Sheets D. Correspondence & Complaints E. Permit Applications F. Licenses G. Plant Equipment Reports					
19	Transfer & Receiving Stations	>Retain for four (4) years , then destroy				
	 A. Applications for Distributors B. License for Distributors C. Inspection Reports D. Water Sample Sheets E. Correspondence & Complaints F. Product Safety Sheets 					

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RECORDS RETENTION AND DISPOSAL SCHEDULE

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DEPARTMENT OF HEALTH & MENTAL HYGIENE
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COMMUNITY HEALTH ADMINISTRATION						
item #	Description of Records (Program, Forms, etc.)	Retention				
20	Distribution Stations A. Application for Distributor B. License for Distributor C. Inspection Reports D. Water Sample Sheets E. Correspondence & Complaints F. Product Safety Sheets	>Retain for four (4) year ş then destroy.				
21	Producers A. Inspection Reports B. Water Sample Sheets C. Product Sample Sheets D. Correspondence & Complaints E. Application for Milk Producers License F. Milk Producer License	>Retain for four (4) years then destroy.				
22	Co-operatives Correspondence & Complaints	>Retain for four (4) years then destroy.				
23	Tank Trucks A. Inspections B. Correspondence	> Retain for four (4) years then destroy.				
24	Bobtailers A. Inspection Reports B. Product Safety Sheets C. Bobtailer License Application (Milk Route) D. Correspondence & Complaints E. License for Bobtailers	>Retain for four (4) years then destroy.				
25	Milk Surveys A. Survey on Milk Plants and farms to qualify by the federal guidelines to ship interstate. B. Release forms and agreements. Permission for publication of interstate milk shippers ratings C. Results of Inspections. D. Interstate Milk Shippers Inspection Report. E. Report of Milk Sanitarian Rating Survey. F. Status of Condensed and Dry Milk Plant Inspection Form. G. Report of Enforcement Methods. H. Status of Milk Plants Division of Food Control	>Retain for four (4) years then destroy.				
26	Restaurants and Markets File series containing accounts of surveys and inspections of restaurants and markets, memos, correspondence, legislation cited, Report of Food Service Sanitation Program Evaluation Forms, Food Service Sanitation Program Evaluation Questionnaire Forms.	>Retain for four (4) years then destroy.				

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RECORDS RETENTION AND DISPOSAL SCHEDULE

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DEPARTMENT OF HEALTH & MENTAL HYGIENE

COMMUNITY HEALTH ADMINISTRATION						
Item #	Description of Records (Program, Forms, etc.)	Retention				
27	Licensure File for Food Processing Plants	>Retain for four (4) year s then destroy.				
	 A. Frozen Food Processing Plant Operating License B. Application for License to Operate a Frozen Food Processing Plant C. Soft Drink Beverage Manufacturing License D. Application for License to Manufacture Soft Drinks E. Cannery Operation License F. Application for License to Operate a Cannery (prior to inspection) G. Application for License to Operate a Cold Storage Warehouse H. Application for License to Operate a Cold Storage Warehouse (Frozen Food Locker 					
28	Plant) Registration File for out-of-state soft drink and bottled water	>Retain for four (4) years then destroy.				
	A. Applications for Soft Drink and Bottled Waters not manufactured in Maryland B. Registrations for Soft Drinks and Bottled Waters not manufactured in Maryland C. Soft Drink Registration files: State of acceptability form approving authority of the state manufacturing product Environmental Protection Agency's Primary Drinking Water Analysis Copies of Bottled Water Labels3 Statement of acceptability form approving authority of the state where product is bottled Tank truck inspection by approving authority					
29	A. Files maintained on correspondence, inspection, enforcement actions and issuance of licenses for crabmeat and shell stock plants in Maryland B. Shellfish Certificates C. Crab Meat Operating License D. Shucking – Packing Plant Inspection Form	>Retain for four (4) years then destroy.				
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SCHEDULE# 2294

RECORDS RETENTION AND DISPOSAL SCHEDULE

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COMMUNITY HEALTH ADMINISTRATION						
Item #	Description of Records (Program, Forms, etc.)	Retention				
30	Plan Review Activities Files Files contain correspondence, review of equipment installations, HACCP Plans and food processing plant pre-opening inspections.	> Retain for four (4) years then destroy.				
31	Inspection Files Files maintained on the inspections of bakeries, warehouses, and bottling plants in Maryland. Correspondence and hearings maintained on compliance of these establishments, including: A. Food Warehouse Inspection Reports B. Beverage Plant Inspection Reports C. Bakery Inspection Reports	> Retain for three (3) years then destroy.				
32	Food Service Establishment Inspection Files Maintained by Local Jurisdiction File series contains correspondence and review of food service establishments in Maryland. Inspection sheets retained for restaurants in Maryland including A. Food Service Facilities Inspection Reports B. List of Observations C. Receipt of Food	>Retain for t hree (3) years , then destroy				
33	Child Nutrition Program All records required by the U.S. Department of Agriculture and the Maryland State Department of Education	>Retain for three (3) years from the end of the fiscal year in which they were created or until audited, which ever is later, then destroy				
34	Institutional Review Board (IRB)					
	A. Research Protocol	>>Retain for three (3) years after the completion or close of the study, then destroy				
	B. IRB Meeting Minutes	>>Retain permanently . Periodically transfer to State Archives.				

DHMH Instructions - Make a list of all files. Determine whether each is non-record, material or both. Group into Record Series. Prepare a separate inventory form for Record Series identified. All Record Series are to be listed on a Schedule Form. Fall Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.	ach STATE RECORDS CENTER rward 7275 WATERLOO ROAD		DHMH RECORDS INVENTORY PAGE _ 1_ OF _ 34		
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/I		3. Division/Un	it or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and u	ised as a unit for reference as well as ret	ention and disposition numoses			
4. Record Series Title 1. ADMINISTRATION SERIES	анил апо изрозния ригрозес.	5. Earliest Yea	ar/Latest Year		
6. Record Series Description (Briefly describe the types of information/documents/	forms found in the series. Include the pu	rpose or function of the series.)	-	 	
A. Historic Papers which illustrate theB. Health Officer MemosC. Site Visit ReportsD. Consultation Report Forms	development and t	he containment of diseas	e.		
7. Record Series Format(s) List all Paper: Film / Izpe: Electronic: [] Letter Size [] Film/Sides [] Kept on Hard Drive (35rnm, etc) [] Legal Size [] Microfilm/ [] Computer Tape	8. Record Series Seque I Alphabetical I Numerical	nce	9. Volume	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)	
Microfiche [] Rolts[]	x Chronological Geographical Other (specify)		10. Annual Ad	10. Annual Accumulation [] File Drawer(s) [] Microfilm Reel(s) [] Computer Tape(s) Number [] Other (specify)	
11. File is Used Delity		12. File Becomes Inactive AfterNumber	[] Month(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [] Yes x No Agency/ Format			
15. Privacy / Access Restrictions x Yes (I) No x Personal x Medical (I) Proprietary (I) Classified (I) Other	16. Audit Requirements x None [] Internal [] OIG [] Legislative [] Federal [] Independent				
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No		18. Recommended Retention: In Office And In Storage (Each Format) A. RETAIN PERMANENTLY B. RETAIN 10 YRS IN OFFICE/10 YRS SRC C. RETAIN 4 YRS THEN DESTROY D. TRANSFER TO SRC FOR 12 YRS THEN DESTROY		format)	
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail eddress: KRAVITZT@DHMH.STATE.MD.US	Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-593			21. Date OCTOBER 28, 2003	

material or both. Group into Record Series. Prepare a separate inventory form for each		MENT OF GENERAL SERVICES TATE RECORDS CENTER 1275 WATERLOO ROAD	DHMH RECORDS INVENTORY		
Records Officer thru your Records Coordinator. JESSUE		P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	PAG	PAGE _ 2_ OF _ 34	
Department/Agency	2. Office/Administration/E	Board	3. Division/Unit	or Section	
MD DEPT OFHEALTH	COMMUNITY	HEALTH ADMINISTRATION			
& MENTAL HYGIENE	and an a with far min	nation and disposition dumper-			
DEFINITION - RECORD SERIES - A group of related records normally filed and us	seu as a unii ior reierence as weii as reti	яния ана авроѕиоп ригрозев.			
4. Record Series Title 2. COMMUNICABLE DISEASE AND SURVEILLANCE	F SERIES		5. Earliest Year/Latest Year to		
Record Series Description (Briefly describe the types of information/documents/f	forms found in the series. Include the pu	rpose or function of the series.)			
A. STATISTICAL REPORTS FOR CDO				;	
B. COMMUNICABLE DISEASE SURVE	EILLANCE ANNUA	L SUMMARY RPTS TO C	CDC		
C. MD CONFIDENTIALITY MORBIDIT	Y REPORT-OTHE	R THAN TB, SYPHYLIS,	OR GOI	NORRHEA	
D. COMMUNICABLE DISEASE SURV	EILLANCE-LAB RF	PTS (OTHER THAN TB, SYPI	HYLIS, GO	DNORRHEA, AND	
CHLAMYDIA)			•		
E. CASE INVESTIGATION RPTS-					
F. SALMONELLA TYPHI CARRIER RECORD					
7. Record Series Format(s) List all Paper: Film / tape: Electronic:	8. Record Series Seque	nce	9. Volume	[] File Drawer(s)	
[] Letter Size	[] Alphabetical			Microfilm Reel(s) Computer Tape(s)	
[] Legal Size [] Microfilm/ [] Computer Tape	[] Numerical		Number	[] Other (specify)	
Microfiche [] Rolls[]	x Chronological		10. Annual Accumulation		
Bound Book Video Tape CD,DVD,etc	[] Geographical			File Drawer(s) Microfilm Reel(s)	
	Other (specify)		Number	Computer Tape(s) Other (specify)	
0 Cardx 0 Other (specify)	u Oliver (specify)		110114764	a commitmental	
			<u> </u>		
11. File is Used		12. File Becomes tractive After [] Month(s) Number [] Year(s)			
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If	f yes, specify age	ncy or office.)	
		Yes x No Agency/ Format		-	
15, Privacy / Access Restrictions x Yes [] No		16 Audit Peruimmente v None Di-	nternel B.O.C		
x Personal x Medical () Proprietary () Classified ()Other		16. Audit Requirements x None [] Internal [] OIG [] Legislative [] Federal [] Independent			
(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS					
17. Is an Index System used? If yes, explain briefly and describe requirements		18. Recommended Retention; In Office And In S	Storage (Each F	ormat)	
		A. RETAIN 10 YRS IN OFFICE THEN DESTROY D. RETAIN 5 YRS IN OFFICE/ 5 YRS AT SRC			
0 Yes 0 No	B. RETAIN 5 YEARS, THEN DESTROY E. RETAIN 5 YRS IN OFFICE/5 YRS AT SRC C. RETAIN 5 YRS IN OFFICE/5 YRS SRC F. RETAIN UNTIL DEATH OF CARRIER OR F				
19. Name and Title of Preparer	20. Location:		·		
TOM KRAVITZ	201 WEST PRESTON STREET, BA	I TIMORE MD 21201		21. Date OCTOBER 28, 2003	
DHMH RECORDS OFFICER	Telephone Number# 410 767-5934	•		OOTOBER 20, 2003	
E-mail address: KRAVITZT@DHMH.STATE.MD.US					

DHMH Instructions -Make a list of all files. Determine whether each is non-record, rematerial or both. Group into Record Series. Prepare a separate inventory form for Record Series identified. All Record Series are to be listed on a Schedule Form. Fall Records Inventors forms with the expected Schedule form (ICCS 550, 1) to the	each ST forward T	MENT OF GENERAL SERVICES TATE RECORDS CENTER 7275 WATERLOO ROAD		OHMH RECORDS INVENTORY
all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.		P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	PAC	GE_3_ OF _34
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/I		3. Division/Un	it or Section
DEFINITION - RECORD SERIES - A group of related records normally filed and u	sed as a unit for reference as well as ret	ention and disposition purposes.		
4. Record Series Title 3. OUTBREAK AND INVESTIGATION SERIES			5. Earliest Yea	ar/Letest Year
Record Series Description (Briefly describe the types of information/documents/l	forms found in the series. Include the pu	rpose or function of the series.)		
A. OUTBREAK AND INVESTIGATION	FILES (EXCEPT T	-B)		
B. OUTBREAK PRELIMINARY REPO	RTS AND FINAL R	PT NOTEBOOKS.		
7. Record Series Format(s) List all Paper: Film / tape: Electronic:	8. Record Series Seque	nce	9. Volume	. [] File Drawer(s)
Letter Size Fittr/Slides Kept on Hard Drive	[] Alphabetical			[] Microfilm Reel(s)
(35mm, etc)	5 , 4			[] Computer Tape(s)
Legal Size	① Numerical		Number	Other (specify)
Microfiche [] Rolls[] Audio Tape [] Floppy Disk	x Chronological		10. Annual Ad	
[] Bound Book [] Video Tape [] CD,DVD,etc	[] Geographical			File Drawer(s) Microfilm Reel(s)
I Cardx I Other (specify)	Other (specify) _		Number	Computer Tape(s) Other (specify)
11. File is Used (1) Daily (1) Weekly x Monthly (1) Annually		12. File Becomes Inactive AfterNumber	[] Month(s) [] Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Dupticated Elsewhere? (If		
15. Privacy / Access Restrictions x Yes [] No		16. Audit Requirements x None [] In	uternal [] Old	2
x Personal x Medical Proprietary Classified Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		[] Legislative [] Fede		
17. Is an Index System used? If yes, explain briefly and describe requirements	A. RETAIN 3 YRS IN OFFICE/ 22 YRS AT SRC.			
D Yes D No		B. RETAIN 10 YRSIN OFFI	CE/ 15 Y	RS AT SRC
19. Name and Title of Preparer	20. Location:	<u> </u>		
TOM KRAVITZ	LU. MONIONI,			21. Date
	201 WEST PRESTON STREET, BA			OCTOBER 28, 2003
DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US	Telephone Number# 410 767-593	4 Room # ROOM 503 A		

				
DHMH Instructions - Make a list of all files. Determine whether each is non-record, rematerial or both. Group into Record Series. Prepare a separate inventory form for Record Series identified. All Record Series are to be listed on a Schedule Form. Fall Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.	each ST Forward 7 DHMH	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	PAGE _ 4_ OF _ 34	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/I	Board HEALTH ADMINISTRATION	3. Division/Uni	t or Section
DEFINITION - RECORD SERIES - A group of related records normally filed and u	used as a unit for reference as well as ret	ention and disposition purposes.		
4. Record Series Title 4. VETERINARY MEDICINE SERIES			5. Earliest Yea	tr/Letest Year
Record Series Description (Briefly describe the type	es of information/documents	s/forms found in the series. Include	e the purpos	se or function of the series.)
A. HUMAN POST-EXPOSURE VACCINAT B. ANIMAL BITE REPORTS C. EXOTIC BIRD PERMITS D. MD ANIMAL BITE REPORT AND QUAF E. MD RABID ANIMAL SURVEILLANCE R	RANTINE REPORT	NT		
7. Record Series Format(s) List all Paper: Film / tape: Electronic: [] Letter Size [] Film/Sities: [] Kept on Hard Drive (35mm, etc) [] Legal Size [] Microfilm/ [] Computer Tape Microfiche [] Rolls[] [] Audio Tape [] Floppy Disk [] Bound Book [] Video Tape [] CD.DVD,etc [] Cardx [] Other (specify)	8. Record Series Seque 1. Alphabetical 1. Numerical 2. Chronological 3. Geographical 4. Other (specify)	Numerical Chronological Geographical		File Drawer(s) Microfam Reel(s) Computer Tape(s) Other (specify)
11. File is Used		12. File Becomes inactive AfterNumber	I Month(s) I Year(s)	
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [] Yes x No Agency/ Format		
15. Privacy / Access Restrictions x Yes I No x Personal x Medical I Proprietary I Classified I Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS	16. Audit Requirements x None [] Internal [] OIG [] Legislative [] Federal [] Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No		18. RETENTION: SCREEN ANNUALLY. RECORDS 5 YRS OLD CAN BE DESTROYED IN NO LONGER NEEDED.		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-meil address: KRAVITZT@DHMH.STATE.MD.US	Location: VEST PRESTON STREET, BA Telephone Number# 410 767-593-			21. Date OCTOBER 28, 2003

DHMH Instructions - Make a list of all files. Determine whether each is non-record, no material or both. Group into Record Series. Prepare a separate inventory form for a Record Series identified. All Record Series are to be listed on a Schedule Form. Filed all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the I Records Officer thru your Records Coordinator.	each ST Forward 7 DHMH	MENT OF GENERAL SERVICES ATE RECORDS CENTER 1275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794	DHMH RECORDS INVENTORY PAGE _ 5_ OF _ 34	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/E	(410) 799-1379 BOORT HEALTH ADMINISTRATION	3. Division/Un	it or Section
				
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes. 4. Record Series Title 5. TUBERCULOSIS AND REFUGEE HEALTH			5. Earliest Yea	ar/Latest Year
6. Record Series Description (Briefly describe the type A. DIV OF TB CONTROL-TB CASE/SUSPECT RPT A B. CASE FILES OF MULTI-DRUG RESISTANT PATI C. TIMS- TB INFO MGT SYSTEM	AND ASSOC FILES			se or function of the series.)
D. VERIFIED TB CASE NOTEBOOKS-1913-1989 E.DHMH 851-TB CHEMOPROPHYLAXSIS RECORD F. CDC TB PGM MGT RPTS G.TB INVESTIGATION FILES H. TB ALIEN REPORT FORMS I. REFUGEE HEALTH SCREENING RECORDS J. HIV/TB CO INFECTION DATA	s			
7. Record Series Format(s) List all Paper: Fam / tape: Electronic: [] Letter Size [] Fam/Slides [] Kept on Hard Drive (35mm, etc) [] Legal Size [] Microfirm [] Computer Tape Microfiche [] Rolls[] [] Audio Tape [] Floppy Disk [] Bound Book [] Video Tape [] CD,DVD,etc	8. Record Series Seque Alphabetical Numerical Chronological Geographical Other (specify)	nce	9. Volume Number 10. Annual A	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)
11. File is Used ① Daily ① Weeldy x Monthly ① Annually		12. File Becomes Inactive After	Il Month(s)	
Current Location(s) (Bidg., Floor, Room) A201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Eisewhere? (I		ency or office.) -
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS	16. Audit Requirements x None [] Internal [] OIG [] Legislative [] Federal [] Independent			
Is an Index System used? If yes, explain briefly and describe requirements I Yes I No	N	A. 5 YRS/ 15 SRC F. 5 YRD	S OFFICE/5	
		D. UNTIL 2020 I. 3 YRS/	10 YRS SI	RC
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail eddress: KRAVITZT@DHMH.STATE.MD.US	Location: WEST PRESTON STREET, BA Telephone Number# 410 767-593-			21. Date OCTOBER 28, 2003

DHMH Instructions - Make a list of all files. Determine whether each is non-record, material or both. Group into Record Series. Prepare a separate inventory form for Record Series identified. All Record Series are to be listed on a Schedule Form. It all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the	each ST Forward	MENT OF GENERAL SERVICES FATE RECORDS CENTER F275 WATERLOO ROAD P.O. BOX 275		HMH RECORDS INVENTORY
Records Officer thru your Records Coordinator.		SSUP, MARYLAND 20794 (410) 799-1379	,	5
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/I	30ard HEALTH ADMINISTRATION	3. Division/Uni	t or Section
DEFINITION - RECORD SERIES - A group of related records normally filed and u	sed as a unit for reference as well as ret	ention and disposition purposes.	L	.,
6. SEXUALLY TRANSMITTED DISEASE S			5. Earliest Yea	nr/Latest Year
A. SYPHYLIS CONFIDENTIALITY MORBI	DITY REPORT 1140	E. GONORRHEA MD COI	NF MOR	BIDITY RPTS 1140
B. SYPHYLIS INTERVIEW REPORTS	F.	GOHORRHEA INTERVIEW	V REPOR	RTS
C. SYPHYLIS CONTACT REPORTS	G.	GONORRHEA CONTACT	REPORT	rs .
D. SYPHYLIS LABORATORY REPORTS	H.	HIV INTERVIEW REPORT	S	
	I. HIV	CONTACT REPORTS		
7. Record Series Format(s) List all Paper: Film / tape: Electronic:	8. Record Series Seque	nce	9. Volume	[] File Drawer(s)
[] Letter Size [] Film/Slides [] Kept on Hard Drive	I Alphabetical			Microfilm Reel(s)
(35mm, etc) [] Legal Size [] Microfilm/ [] Computer Tape	[] Numerical		Number	Computer Tape(s) Other (specify)
Microfiche [] Rolls(] [] Audio Tape [] Floppy Disk	x Chronological		10. Annual Ad	cumulation
				File Drawer(s)
Bound Book Video Tape BCD,DVD,etc	[] Geographical			Microfilm Reel(s) Computer Tape(s)
[] Cardx [] Other (specify)	Other (specify) _		Number	① Other (specify)
			<u> </u>	
11. File is Used [] Daily [] Weekty x Monthly [] Annually		12. File Becomes tnactive After	[] Month(s) [] Year(s)	
13. Current Location(s) (Bids., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (I	f ves. specify age	ncy or office.)
4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS				,
		C Yes x No Agency/Format_		-
15. Privacy / Access Restrictions x Yes [] No		16. Audit Requirements x None [] II	nternal [] OK	3
x Personal x Medical [] Proprietary [] Classified []Other		[] Legislative [] Fede	eral 🛮 Indep	endent
(If Yes, cite Lew(s) & Regulation(s) HIPAA, PERSONNEL REGS				
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION: A. 1 YR/ TRANS SRC 20 YRS		FFICE/ 2 YRS SRC TS ARE COMPLETE (2 YRS MAX)
[] Yes [] No		B. UNTIL RPTS ARE COMPLETE (2 YRS MA	X) G. SAME	, ,
		C. SAME D. SAME	H SAME	
19. Name and Title of Preparer	20. Location:	57 11712	. 37 (1712	
TOM KRAVITZ		LTHARDS AND OACS		21. Date
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA Telephone Number# 410 767-593			OCTOBER 28, 2003
E-mail eddress: KRAVITZT@DHMH.STATE.MD.US				

DHMH Instructions -Make a list of all files. Determine whether each is non-record, material or both. Group into Record Series. Prepare a separate inventory form for Record Series identified. All Record Series are to be listed on a Schedule Form. Fall Records Inventory forms with the proposed Schedule form. (DGS 550-1) to the Records Officer thru your Records Coordinator.	each ST Forward T	MENT OF GENERAL SERVICES FATE RECORDS CENTER F.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY GE _ 7_ OF _ 34
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/I	· · · · · ·	3. Division/Un	it or Section
DEFINITION - RECORD SERIES - A group of related records normally filed and u 7. IMMUNIZATIONS SERIES	used as a unit for reference as well as ret	ention and disposition purposes.	5. Earliest Yea	ar/Latest Year
VACCINE FOR CHILDREN PROGRAM RE	ECORDS			
7. Record Series Format(s) List all Paper: Film / tape: Electronic: [] Letter Size [] Film/Sides [] Kept on Hard Drive (35mm, etc) [] Legal Size [] Microfilm/ [] Computer Tape Microfiche [] Rolls[] [] Audio Tape [] Floppy Disk [] Bound Book [] Video Tape [] CD,DVD,etc [] Cardx [] Other (specify)	8. Record Series Seque Alphabetical Numerical x Chronological Geographical Other (specify)		9. Volume Number 10. Annual A	i) File Drawer(s) i) Microfilm Reel(s) i) Computer Tape(s) ii) Other (specify) ccumulation ii) File Drawer(s) ii) Microfilm Reel(s) ii) Computer Tape(s) iii) Other (specify)
11. File is Used Daily Weekly x Monthly Annually		12. File Becomes Inactive AfterNumber	[] Month(s)	
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (I [] Yes x No Agency/Format		ency or office.)
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified [] Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None II tr II Legislative II Fede	nternal 0 Oto eral 0 Indep	
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No		SCREEN ANNUALLY, DESTROY RECORDS THAT ARE SUPERSEDED OR NO LONGER REQUIRED.		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US	Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-593			21. Date OCTOBER 28, 2003

DHMH Instructions -Make a list of all files. Determine whether each is non-record, in material or both. Group into Record Series. Prepare a separate inventory form for the propert Series identified. All Decord Series are to be listed to a School to Series.	each \$1	MENT OF GENERAL SERVICES 'ATE RECORDS CENTER	DHMH RECORDS INVENTORY		
Record Series identified. All Record Series are to be listed on a Schedule Form. F all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the t Records Officer thru your Records Coordinator.	ОНМН	275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	PAG	GE_ 80F_ 34	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/I	Board HEALTH ADMINISTRATION	3. Division/Un	it or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and us	sed as a unit for reference as well as ret	ention and disposition purposes.			
8. BEDDING AND UPHOLSTERY LICENSI	EFILE		5. Earliest Yea		
LICENSES ISSUED TO MANUFACTURER	S SELLING BEWDD	ING AND UPHOLSTERY IN	MD		
7. Record Series Format(s) List all Paper: Film / tape: Electronic: 1) Letter Size Film/Slides Kept on Hard Drive	Record Series Seque Alphabetical	nce	9. Volume	File Drawer(s) Microfilm Reel(s)	
(35mm, etc) [] Legal Size	0 Numerical		Number	Computer Tape(s) Other (specify)	
Microfiche [] Rolls[] Audio Tape Ploppy Disk	x Chronological		10. Annual A	ccumulation (I File Drawer(s)	
Bound Book	Geographical		<u> </u>	Microfilm Reel(s) Computer Tape(s) Other (const)	
[] Cardx [] Other (specify)	Other (specify) _		Number	Other (specify)	
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After	[] Month(s) [] Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (I [] Yes x No Agency/Format_ []		ency or office.)	
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified [] Other		16. Audit Requirements x None [] li [] Legislative [] Fedi	ntemai [] Old eral [] Indep		
17. Is an Index System used? If yes, explain briefly and describe requirements 0 Yes 0 No		18. RETAIN 3 YRS THEN DS	STROY		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-meil address: KRAVITZT@DHMH.STATE.MD.US	Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-593.		·	21. Date OCTOBER 28, 2003	

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DUNIU leeke steen Mele e tet of 50 Co. Determine		MENT OF OCHERAL SERVICES	DHMH RECORDS INVENTORY		
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Record Series identified. All Record Series are to be listed on a Schedule Form. Fi	1	275 WATERLOO ROAD			
all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the I	ОНМН	P.O. BOX 275	PAC	SE 9F _ 34	
Records Officer thru your Records Coordinator.	JE	SSUP, MARYLAND 20794			
		(410) 799-1379			
Department/Agency	2. Office/Administration/E	Board	3. Division/Uni	t or Section	
MD DEPT OFHEALTH	COMMUNITY	HEALTH ADMINISTRATION			
& MENTAL HYGIENE					
DEFINITION - RECORD SERIES - A group of related records normally filed and us	sed as a unit for reference as well as reti	ention and disposition purposes.			
8. BEDDING AND UPHOLSTERED FURNI	TURE INSPECTIONS	3			
3. 32331.13 7.113 37 113231 2.1123 1 31111	7011211101 20110111		5. Earliest Yea	rr/Latest Year	
					
CITY/COUNTY INSPECTION REPORTS O	ON DEALERS AND A	II RELATED ESTABLISHM	MENTS		
On 170001111 INOT LOTION TEL ORTO C	ON BEALLING AND A	LE MELATES ESTABLISHIN	ILITIO		
7. Record Series Format(s) List all	8. Record Series Seque		9. Volume		
Paper: Film / tape: Electronic:	U. Nacura Series deque		J. VOIGING	D File Drawer(s)	
Letter Size	 Alphabetical 			[] Microfilm Reel(s)	
(35mm, etc)				Computer Tape(s) Computer Tape(s)	
Degal Size	0 Numerical		Number	[] Other (specify)	
[] Rolls[] [] Audio Tape [] Floppy Disk	x Chronological		10. Annual Ad	ccumulation	
				[] File Drawer(s)	
[] Bound Book [] Video Tape [] CD,DVD,etc	[] Geographical			Microfitm Reel(s) Computer Tape(s)	
Cardx [] Other (specify)	Other (specify)		Number	Other (specify)	
		<u> </u>			
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After	[] Month(s)		
		Number	() Year(s)		
13. Current Location(s) (Bldg., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (If	yes, specify age	ency or office.)	
4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS					
		? Yes x No Agency/Format		-	
					
15. Privacy / Access Restrictions x Yes [] No		16. Audit Requirements x None [] In	itemal [] OI0	6	
x Personal x Medical II Proprietary IJ Classified II Other		🛭 Legislative 🗓 Fede	nal Dindep	endent	
(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS					
		18. RETENTION:			
17. Is an Index System used? If yes, explain briefly and describe requirements					
		RETAIN 3 YRS THEN TR	ANSFER	R TO SRC FOR 3 YRS	
0 Yes 8 No					
19. Name and Title of Preparer	20. Location:	L			
TOM KRAVITZ				21. Date	
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA			OCTOBER 28, 2003	
E-mail address: KRAVITZT@DHMH.STATE.MD.US	Telephone Number# 410 767-593-	1 Room # ROOM 503 A			

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Records Officer thru your Records Coordinator.	JE	SSUP, MARYLAND 20794 (410) 799-1379	t		
1. Dopartment/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/I		3. Division/Un	it or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and u	ised as a unit for reference as well as ret	ention and disposition purposes.		-	
10 DISINFECTION PERMIT FILES			5. Earliest Yea		
PERMITS TO USE STERILIZERS (ISSUED	EVERY YEAR)				
7. Record Series Format(s) List all Paper: Film / tape: Electronic: [] Letter Size [] Film/Slides [] Kept on Hard Drive (35mm, etc) [] Legal Size [] Microfilm/ [] Computer Tape Microfiche [] Rolls[] [] Audio Tape [] Floppy Disk [] Bound Book [] Video Tape [] CD,DVD,etc	8. Record Series Seque Alphabetical Numerical x Chronological Geographical Other (specify)	ince	9. Volume Number 10. Annual Ad Number	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)	
11. File is Used [] Daily [] Weekty x Monthly [] Annually		12. File Becomes Inactive After	Month(s) Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (1 Yes x No Agency/ Format_ 1 Yes x No Agency/ Format_			
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other		16. Audit Requirements x None [] I [] Legislative [] Fed	internal [] OK eral [] Indep		
17. Is an Index System used? If yes, explain briefly and describe requirements 0 No		18. RETENTION: RETAIN 3 YRS THEN DE	ESTROY		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-med address: KRAVITZI@DHMH STATE MD US	20. Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-593-			21. Date OCTOBER 28, 2003	

DHMH Instructions -Make a list of all files. Determine whether each is non-record,	record NEDADTI	MENT OF GENERAL SERVICES	n	HMH RECORDS INVENTORY
material or both, Group into Record Series. Prepare a separate inventory form for		ATE RECORDS CENTER		THE RESOLUTION OF THE PROPERTY
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all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.	ſ	P.O. BOX 275 SSUP, MARYLAND 20794	PAG	E_ 110F 34
		(410) 799-1379		
Department/Agency	Office/Administration/E	Board	3. Division/Uni	t or Section
MD DEPT OFHEALTH		HEALTH ADMINISTRATION	0. 2770017011	
& MENTAL HYGIENE				
DEFINITION - RECORD SERIES - A group of related records normally filed and u	sed as a unit for reference as well as rete	ention and disposition purposes.		
10 PRODUCT SAFETY ADMIN CORRESP	PONDENCE SERIES		E Fodinst Vo	will stead Vees
			5. Earliest Yea	
CONSUMER PRODUCT SAFETY COMMI	SSION REPORTS, C	OMPLAINTS, ETC		
				ļ
T December Continue Commental Continues	9 Bassed Carina Comm		9. Volume	
7. Record Series Format(s) List all Paper: Film / tape: Electronic:	8. Record Series Seque	nce	9. VOILINE	[] File Drawer(s)
[] Letter Size [] Film/Slides [] Kept on Hard Drive	Alphabetical			0 Microfilm Reel(s)
(35mm, etc)	D No		North	() Computer Tape(s)
[] Legal Size] Microfilm/ [] Computer Tape Microfiche	[] Numerical	<u> </u>	Number	Other (specify)
[] Rolls[] [] Audio Tape [] Floppy Disk	x Chronological		10. Annual Ac	cumulation
na				[] File Drawer(s)
Bound Book Video Tape CD,DVD,etc	Geographical	1		Microfilm Reel(s) Computer Tape(s)
Cardx Other (specify)	Other (specify)		Number	[] Other (specify)
		<u> </u>		
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After	Month(s)	
		Number	Pear(s)	
13. Current Location(s) (Bldg., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (If y	yes, specify age	ncy or office.)
4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		[] Yes x No Agency/Format		
		I Too X No Page 1037 To This		

15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified [] Other		16. Audit Requirements x None [] Int		
(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		- 1 9		
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION:		
		RETAIN 3 YRS THEN DE	STROY	
[] Yes [] No				
19. Name and Title of Preparer	20. Location:	<u> </u>		
TOM KRAVITZ				21. Date
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA			OCTOBER 28, 2003
E-mail address: KRAVITZT@DHMH,STATE,MD.US	Telephone Number# 410 767-5934	ROOM # ROOM 503 A		

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rnaterial or both. Group into Record Series. Prepare a separate inventory form for Record Series identified. All Record Series are to be listed on a Schedule Form. If all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.	Forward The Third The Thir	TATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	PAG	se_ 12 OF 34
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/I	Board HEALTH ADMINISTRATION	3. Division/Uni	l or Section
DEFINITION - RECORD SERIES - A group of related records normally filed and a	used as a unit for reference as well as ret	ention and disposition purposes.		
12 SWIMMING POOL FILE SERIES			5. Earliest Yea	r/Latest Year
A. PERMITTING AND INSPECTION FOR	MS			
B. CONSTRUCTION PERMITS				
C. CONSTRUCTION PLANS AND EQUIP	SPECS			
e, continuonen Europaio Egon				
	1		Г	
7. Record Series Format(s) List all	8. Record Series Seque	nce	9. Volume	D. D. Davido
Paper: Film / tape: Electronic: [] Letter Size [] Film/Slides [] Kept on Hand Drive	[] Alphabetical		ĺ	File Drawer(s) Microfilm Reel(s)
(35mm, etc)	☐ Numerical		Number	Computer Tape(s)
[] Legal Size [] Microfilm/ [] Computer Tape Microfiche	u Numericai		Number	[] Other (specify)
[] Rotts[] [] Audio Tape [] Floppy Disk	x Chronological		10. Annual Ad	cumulation [] File Drawer(s)
Bound Book	[] Geographical			Microfilm Reel(s)
Cardx_ Other (specify)	Other (specify)		Number	Computer Tape(s) Other (specify)
Bould (specify)	B Shar (speedily)			2 Cold. (Aponly)
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After	[] Month(s) [] Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (I		
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical () Proprietary [] Classified () Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None [] li	ntemal [] Old eral [] Indep	
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION:		
		A. RETAIN 3 YRS THEN DES	TROY	
[] Yes [] No		B. RETAIN LIFE OF FACILITY		
	DD 1 0	C. RETAIN LIFE OF FACILITY		····
19. Name and Title of Preparer TOM KRAVITZ	20. Location:			21. Date
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA			OCTOBER 28, 2003
E-mail address: KRAVITZT@DHMH.STATE.MD.US	Telephone Number# 410 767-593	4 KOOM# KUUM 503 A		

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration// COMMUNITY	(410) 799-1379 Board HEALTH ADMINISTRATION	3. Division/Un	it or Section
DEFINITION - RECORD SERIES - A group of related records normally filed and u	used as a unit for reference as well as ret	ention and disposition purposes.		
13 MIGRATORY LABOR CAMP FILE SER			5. Earliest Yea	
A. PERMIT APPLICATIONS				
B. INSPECTION REPORTS				
C. FACILITY PLANS				
D. CORRESPONDENCE CONCERNING	COMPLIANCE			
7. Record Series Format(s) List atl	8. Record Series Seque	nce	9. Volume	
Paper: Film / tape: Electronic:				[] File Drawer(s)
[] Letter Size [] Fitm/Slides [] Kept on Hard Drive (35mm, etc)	[] Alphabetical			Microfilm Reel(s) Computer Tape(s)
(35/11/1, etc) [] Legal Size [] Microfilm/ [] Computer Tape	[] Numerical		Number	Other (specify)
Microfiche		,		
□ Rolls0 □ Audio Tape □ Floppy Disk	x Chronological		10. Annual Ad	() File Drawer(s)
Bound Book	[] Geographical			Microfilm Reel(s)
Il Cardx Il Other (specify)	Other (specify)	·	Number	Computer Tape(s) Other (specify)
a cara a cara (specify	0 Obtai (opcaily)			2
			<u> </u>	
11. File is Used Daily Weekly x Monthly Annually		12. File Becomes Inactive After Number	Il Month(s) Il Year(s)	
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS	***************************************	14. Is Record Series Duplicated Elsewhere? (II		
	, <u>, , , , , , , , , , , , , , , , , , </u>			
15. Privacy / Access Restrictions x Yes [] No		16. Audit Requirements x None 13 In	nternal [] OI0	3
x Personal x Medical () Proprietary () Classified ()Other		[] Legislative [] Fede	eral [] Indep	pendent
(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS				
		18. RETENTION:		
17. Is an Index System used? If yes, explain briefly and describe requirements			STROY D	. TEN YEARS THEN DESTROY
[] Yes [] No		B. SAME		
		C. RETAIN LIFE OF THE CAMI	P	
19. Name and Title of Preparer	20. Location:			
TOM KRAVITZ				21. Date
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA Telephone Number# 410 767-593			OCTOBER 28, 2003
E-mail address: KRAVITZT@DHMH.STATE.MD.US	токриско налион 4 to 707-093	T TOOM INCOME SUSTA		

CANADA Inches Makes a Fact of all Cons Determine whether each in	DEDARK	MENT OF OTHERAL OFFICE		HMH RECORDS INVENTORY
<u>DHMH Instructions</u> -Make a list of all files. Determine whether each is non-record, material or both. Group into Record Series. Prepare a separate inventory form for	i i	MENT OF GENERAL SERVICES ATE RECORDS CENTER	. <u> </u>	THE RECORDS INVENTORY
Record Series identified. All Record Series are to be listed on a Schedule Form.	l l	275 WATERLOO ROAD		
all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.		P.O. BOX 275 SSUP, MARYLAND 20794	PAC	GE_ 14 OF 34
		(410) 799-1379		, <u>, , , , , , , , , , , , , , , , , , </u>
Department/Agency	Office/Administration/E	Board	3. Division/Un	it or Section
MD DEPT OFHEALTH	COMMUNITY	HEALTH ADMINISTRATION		
& MENTAL HYGIENE				
DEFINITION - RECORD SERIES - A group of related records normally filed and	used as a unit for reference as well as reti	ention and disposition purposes.		
14 YOUTH CAMP FILES			5. Earliest Yea	ar/Latest Year
			to	
A. CERTIFICATE APPLICATIONS				
B. INSPECTION REPORTS				
C. FACILITY PLANS				
D. CORRESPONDENCE				
E COPIES OF CERTIFICATES				
7. Record Series Format(s) List all Paper. Film / tape: Electronic:	8. Record Series Seque	nce	9. Volume	[] File Drawer(s)
() Letter Size] Film/Slides] Kept on Hard Drive	Alphabetical			Microfitm Reel(s)
(35mm, etc) (3 Legal Size (3 Microfilm) (3 Computer Tape	D Numerical		Number	Computer Tape(s) Other (specify)
Microfiche	x Chronological		10. Annual A	an and letter
[] Rolls[]] Audio Tape [] Floppy Disk	x Cilidiological		10. Alliuai A	() File Drawer(s)
[] Bound Book [] Video Tape [] CD,DVD,etc	Geographical			Microfilm Reel(s) Computer Tape(s)
[] Cardx [] Other (specify)	Other (specify)		Number	Other (specify)
		40 5-0	i) Month(s)	
11. File is Used [] Datily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After Number	U Montri(s)	
			·	
13. Current Location(s) (Bldg., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (II	f yes, specify age	ency or office.)
4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		Yes x No Agency/Format		
		The state of the s		-
15. Privacy / Access Restrictions x Yes [] No		16. Audit Requirements x None [] Ir	nternal [] OK	3
x Personal x Medical [] Proprietary [] Classified []Other		[] Legislative [] Fede	enal 🛮 Indep	endent
(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS				
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION:		
				. TEN YEARS THEN DESTROY
[] Yes [] No		B. SAME	E.	TEN YEARS THENB DESTROY
		C. RETAIN LIFE OF THE CAMP	Р	
19. Name and Title of Preparer	20. Location:			21. Døte
TOM KRAVITZ	201 WEST PRESTON STREET, BA	LTIMORE MD 21201		OCTOBER 28, 2003
DHMH RECORDS OFFICER E-meil address: KRAVITZT@DHMH.STATE.MD.US	Telephone Number# 410 767-5934	Room # ROOM 503 A		

DHMH instructions -Make a list of all files. Determine whether each is non-record, material or both. Group into Record Series. Prepare a separate inventory form for		MENT OF GENERAL SERVICES IATE RECORDS CENTER		HMH RECORDS INVENTORY
Record Series identified. All Record Series are to be listed on a Schedule Form. I all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.	DHMH	7275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379	PAG	se_15 OF 34
Department/Agency	2. Office/Administration/	Board	3. Division/Un	t or Section
MD DEPT OFHEALTH	COMMUNITY	HEALTH ADMINISTRATION	DIVISION OF	MILK CONTROL
& MENTAL HYGIENE				
DEFINITION - RECORD SERIES - A group of related records normally filed and u		ention and disposition purposes.		
13. PROZEN DESERT MANUFACTURES			5. Earliest Yea	**
A. APPLICATIONS FOR LICENSES				
B. LICENSE FOR FROZEN DESERT				
C. INSPECTION REPORTS				
D. WATER SAMPLE REPORTS				
E. PRODUCT SAMPLE REPORTS				
F. CORRESPONDENCE AND COMPLAIN	NTS			
7. Record Series Format(s) List all	8. Record Series Seque	ince	9. Volume	
Paper. Film / tape: Electronic: ① Letter Size ① Film/Sides ② Kept on Hard Drive	() Alphabetical			File Drawer(s) Microfilm Reel(s)
(35mm, etc)			İ ——	[] Computer Tape(s)
[] Legal Size [] Microfitm/ [] Computer Tape Microfiche	0 Numerical		Number	Other (specify)
[] Rolls[] [] Audio Tape [] Floppy Disk	x Chronological		10. Annual Ad	cumulation [File Drawer(s)
[] Bound Book [] Video Tape [] CD,DVD,etc	Geographical			Microfilm Reel(s)
[] Cardx [] Other (specify)	Other (specify) _		Number	Computer Tape(s) Other (specify)
11. File is Used [] Daily [] Weekty x Monthly [] Annually		12. File Becomes Inactive After	I Month(s) I Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [] Yes x No Agency/ Format		
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified [] Other		16. Audit Requirements x None [] li [] Legislative [] Fede	nternal [] OK eral [] Indep	
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION: RETAIN FOR FOUR YEAR:	S THEN D	PESTROY
[] Yes [] No	· ·			
19. Name and Title of Preparer	20. Location:			04 Paris
TOM KRAVITZ	201 WEST PRESTON STREET, BA	LTIMORE MD 21201		21. Date OCTOBER 28, 2003
DHMH RECORDS OFFICER	Telephone Number# 410 767-593			
E-mail address: KRAVITZT@DHMH.STATE.MD.US				

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all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the	i	P.O. BOX 275	PAG	se_16 OF 34
Records Officer thru your Records Coordinator.	JE:	SSUP, MARYLAND 20794 (410) 799-1379		
Department/Agency	2. Office/Administration/E	Board	3. Division/Un	it or Section
MD DEPT OFHEALTH	COMMUNITY	HEALTH ADMINISTRATION	DIVISION OF	MILK CONTROL
& MENTAL HYGIENE				
DEFINITION - RECORD SERIES - A group of related records normally filed and u	ised as a unit for reference as well as rete	ention and disposition purposes.		
16 PROCESSING PLANTS SERIES			5. Earliest Yea	
			to	
A. APPLICATIONS FOR PROCESSING LI	CENSES			
B. LICENSE FOR PROCESSORS				
C. PROIDUCT SAMPLE SHEETS				
D. CORRESPONDENCE AND COMPLAIN	NTS			
E. PLANT EQUIPMENT REPORTS				
F. INSPECTION REPORTS				
G. WATER SAMPLE SHEETS				
7. Record Series Format(s) List all	8. Record Series Seque	nce	9. Volume	
Paper: Film / tape: Electronic: [] Letter Size [] Film/Slides [] Kept on Hard Drive	[] Alphabetical			File Drawer(s) Microfitm Reel(s)
(35mm, etc)	2 / 4//000			Computer Tape(s)
🛚 Legal Size 🔃 Microfilm/ 🐧 Computer Tape Microfiche	[] Numerical		Number	Other (specify)
[] Rolls[] [] Audio Tape [] Floppy Disk	x Chronological		10. Annual A	ccumulation [] File Drawer(s)
[] Bound Book [] Video Tape [] CD,DVD,etc	Geographical			Microfilm Reel(s)
Cardx Other (specify)	[] Other (specify)		Number	Computer Tape(s) Other (specify)
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After Number	Month(s)Year(s)	
		Number	u 16a(s)	
13. Current Location(s) (Bldg., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (If	yes, specify age	ency or office.)
4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS				
		[] Yes x No Agency/Format		
15. Privacy / Access Restrictions x Yes [] No		16. Audit Requirements x None 🛛 In	itemal [] Oil	3
x Personal x Medical [] Proprietary [] Classified [] Other		[] Legislative [] Fede	ral () Indep	pendent
(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS				
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION:		
		RETAIN FOR FOUR YEARS	S THEN D	DESTROY
1 Yes 1 No				
19. Name and Title of Preparer TOM KRAVITZ	20. Location:			21. Date
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA			OCTOBER 28, 2003
E-mail address: KRAVITZT@DHMH.STATE.MD.US	Telephone Number# 410 767-5934	1 KOOM # KUUM 5U3 A		

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Records Officer thru your Records Coordinator.	1	SSUP, MARYLAND 20794 (410) 799-1379	PAG	E 1/ O/ 34		
Department/Agency	2. Office/Administration/E	Board	3. Division/Unit	or Section		
MD DEPT OFHEALTH & MENTAL HYGIENE	COMMUNITY	HEALTH ADMINISTRATION	DIVISION OF	MILK CONTROL		
DEFINITION - RECORD SERIES - A group of related records normally filed and u	sed as a unit for reference as well as rete	ention and disposition purposes.				
17 HAULERS			5. Earliest Yea			
A. EVALUATION REPORTS						
B. FARM PICK UP SHEETS						
C. CORRESPONDENCE						
D PERMIT APPLICATIONS						
E. TESTING RESULTS						
F. HAULER PERMITS						
7. Record Series Format(s) List all	8. Record Series Sequel	nce	9. Volume			
Paper: Film / tape: Electronic: [] Letter Size	Alphabetical			File Drawer(s) Microfilm Reel(s)		
(35mm, etc)	u Apriesessai			Computer Tape(s)		
[] Legal Size	Numerical	-	Number	[] Other (specify)		
[] Rods[]	x Chronological		10. Annual Ac	cumulation [] File Drawer(s)		
() Bound Book [] Video Tape () CD,DVD,etc	[] Geographical			() Microfilm Reel(s) () Computer Tape(s)		
Cardx Other (specify)	Other (specify)		Number	() Other (specify)		
11. File is Used Daily Weekty x Monthly Annually		12. File Becomes Inactive After	() Month(s) () Year(s)			
13. Current Location(s) (Bidg., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (If	yes, specify age	ncy or office.)		
4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		[] Yes x No Agency/Format				
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified [] Other		16. Audit Requirements x None [] Int	ternal []OIG ral []Indep			
(If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		1 togodito 1 : 555.				
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION: RETAIN FOR FOUR YEARS	S THEN D	ESTROY		
[] Yes [] No						
19. Name and Title of Preparer	20. Location:	4.				
TOM KRAVITZ	201 WEST PRESTON STREET, BA	LTIMORE MD 21201		21. Date OCTOBER 28, 2003		
DHMH RECORDS OFFICER	Telephone Number# 410 767-5934			00100EN 20, 2000		
E-mail address: KRAVITZT@DHMH.STATE.MD.US						

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		(410) 799-1379		
Department/Agency	2. Office/Administration/	Board	3. Division/Un	it or Section
MD DEPT OFHEALTH	COMMUNITY	HEALTH ADMINISTRATION	DIVISION OF	MILK CONTROL
& MENTAL HYGIENE			DIVISION OF	WIER CONTROL
DEFINITION - RECORD SERIES - A group of related records normally filed and	used as a unit for reference as well as ref	ention and disposition purposes.		
18. MANUFACTURING GRADE			5. Earliest Yea	
			to	
A. INSPECTION REPORTS				
B. WATER SAMPLE SHEETS				
C. PRODUCT SAMPLE SHEETS				
D. CORRESPONDENCE & COMPLAINTS				
E. PERMIT APPLICATION				
E. LICENSES				
F. PLANT EQUIPMENT REPORTS				
-				
	•			
7. Record Series Format(s) List all Paper: Film / tape: Electronic: [] Letter Size [] Film/Sides [] Kept on Hard Drive (35mm, etc)	8. Record Series Seque	ince	9. Volume	File Drawer(s) Microfilm Reel(s) Computer Tape(s)
D Legal Size	() Numerical		Number	[] Other (specify)
	x Chronological		10. Annual Ad	
[] Bound Book [] Video Tape [] CD,DVD,etc	[] Geographical			[] File Drawer(s) [] Microfilm Reel(s)
Cerdx_ Other (specify)	[] Other (specify) _		Number	Computer Tape(s) Other (specify)
		12. File Becomes Inactive After	() Month(s) () Year(s)	
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If y [] Yes x No Agency/ Format		ency or office.)
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified [] Other		16. Audit Requirements x None D int	ternel []Ok	
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION:		
[] Yes		RETAIN FOR FOUR YEARS	S THEN C	DESTROY
19. Name and Title of Preparer	20. Location:	II		
TOM KRAVITZ				21. Date
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA Telephone Number# 410 767-593	•		OCTOBER 28, 2003
E-mail address: KRAVITZT@DHMH.STATE.MD.US				

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE		Board HEALTH ADMINISTRATION	3. Division/Un	it or Section
DEFINITION - RECORD SERIES - A group of related records normally filed and to 19. TRANSFER AND RECEIVING STATIC		ention and disposition purposes.	5. Earliest Ye	ar/Latest Year
A. APPLICATIONS FOR DISTRIBUTORS B. LICENSE FOR DISTRIBUTORS C. INSPECTION REPORTS D. WATER SAMPLE SHEETS E. CORRESPONDENCE AND COMPLAIN F. PRODUCT SAFETY SHEETS	ITS			
7. Record Series Format(s) List all Paper: Film / tape: Electronic: [] Letter Size [] Film/Sides [] Kept on Hard Drive (35mm, etc) [] Legal Size [] Microfilm/ [] Computer Tape Microfiche [] Rolls[] [] Audio Tape [] Floppy Disk [] Bound Book [] Video Tape [] CD,DVD,etc	8. Record Series Seque Alphabetical	nce	9, Volume Number 10. Annual A	[File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) ccumulation File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)
11. File is Used ① Daily ① Weekly x Monthly ① Annually	I ,,,,,	12. File Becomes Inactive After	[] Month(s)	
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (1 Yes x No Agency/Format		ency or office.)
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified [] Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None [] I	internat () Ok erat () Indep	G vendent
17. Is an Index System used? If yes, explain briefly and describe requirements © Yes © No	,	18. RETENTION: RETAIN FOR FOUR YEAR	S THEN [DESTROY
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail eddress: KRAVITZT@DHMH.STATE.MD.US	Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-593-			21. Date OCTOBER 28, 2003

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/E		3. Division/Uni	t or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and u	sed as a unit for reference as well as rete	ntion and disposition purposes.			
20. DISTRIBUTION STATION RECORD S	ERIES		5. Earliest Yea	in/Latest Year	
A. APPLICATIONS FOR DISTRIBUTORS					
B. LICENSE FOR DISTRIBUTORS					
C. INSPECTION REPORTS					
D. WATER SAMPLE SHEETS					
	TO				
E. CORRESPONDENCE AND COMPLAIN	15				
F. PRODUCT SAFETY SHEETS					
7. Record Series Format(s) List all Paper. Film / tape: Electronic: D Letter Size D Film/Slides D Kept on Hard Drive (35mm, etc)	8. Record Series Sequence Alphabetical Commercial Commercial		9. Volume File Drawer(s) Microfilm Reel(s) Computer Tape(s)		
[] Legal Size [] Microfilm/ [] Computer Tape Microfiche	x Chronological		10. Annual Ad	co mulatica	
□ Rolls□ □ Audio Tape □ Floppy Disk	x Cilibroogical		TO. PUBLICA	[] File Drawer(s)	
[] Bound Book] Video Tape] CD,DVD,etc	Geographical			Microfilm Reel(s) Computer Tape(s)	
[] Cardx [] Other (specify)	[] Other (specify)		Number	Other (specify)	
d Card Contai (Specify)				·	
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After	[] Month(s) [] Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If y		incy or office.)	
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None [] Into	ternal []OiC		
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION:			
		RETAIN FOR FOUR YEARS THEN DESTROY			
0 Yes 0 No					
19. Name and Title of Preparer	20. Location:				
TOM KRAVITZ				21. Date	
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA Telephone Number# 410 767-5934			OCTOBER 28, 2003	
E-mail address: KRAVITZT@DHMH.STATE.MD.US		··· · · · · · · · · · · · · · · · · ·			

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all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.	DHMH			SE 21 OF 34		
Department/Agency MD DEPT OFHEALTH	2. Office/Administration/I	Board HEALTH ADMINISTRATION	3. Division/Uni	t or Section		
& MENTAL HYGIENE			DIVISION OF	MILK CONTROL		
DEFINITION - RECORD SERIES - A group of related records normally filed and	used as a unit for reference as well as ret	ention and disposition purposes.				
21. PRODUCERS RECORD SERIES			5. Earliest Yea	tr/Latest Year		
A. INSPECTION REPORTS						
B. WATER SAMPLE SHEETS						
C. PRODUCT SAMPLE SHEETS						
D. CORRESPONDENCE AND COMPLAIN	ITS					
E. APPLICATION FOR MILK PRODUCER	S LICENSE					
F. MILK PRODUCERS LICENSES						
	8. Record Series Seque	nce	9. Volume			
7. Record Series Format(s) List all Paper: Film / tape: Electronic:				[] File Drawer(s)		
© Letter Size	Atphabetical			Microfilm Reel(s) Computer Tape(s)		
(35mm, etc) [] Legal Size [] Microfilm/ [] Computer Tape	[] Numerical		Number	[] Other (specify)		
Microfiche [] Rofts []	x Chronological		10. Annual Ad	cumulation File Drawer(s)		
[] Bound Book [] Video Tape [] CD,DVD,etc	() Geographical			[] Microfilm Reel(s)		
	Other (specify)		Number	Computer Tape(s) Other (specify)		
Cerdx D Other (specify)						
11. File is Used Daily Weekly x Monthly Annually		12. File Becomes Inactive After	[] Month(s)			
		Number	[] Year(s)			
13. Current Location(s) (Bidg., Floor, Room)		14. Is Record Series Duplicated Elsewhere? (If	yes, specify age	ncy or office.)		
4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		Yes x No Agency/Format		-		
15. Privacy / Access Restrictions x Yes (1) No x Personal x Medical (1) Proprietary (1) Classified (1) Other(If Yes, cite Lew(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None [] Int	ternal []OtO rat []Indep			
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION: RETAIN FOR FOUR YEARS	S THEN D	ESTROY		
[] Yes [] No						
19. Name and Title of Preparer	20. Location:					
TOM KRAVITZ	201 WEST PRESTON STREET, BA	I TIMODE MD 24204		21. Date		
DHMH RECORDS OFFICER	Telephone Number# 410 767-5934			OCTOBER 28, 2003		
E-mail address: KRAVITZT@DHMH.STATE.MD.US						

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/E	(410) 799-1379 Board HEALTH ADMINISTRATION	3. Division/Uni	it or Section MILK CONTROL
DEFINITION - RECORD SERIES - A group of related records normally filed and us	sed as a unit for reference as well as rete	ention and disposition purposes.		
22. CO-OPERATIVES SERIES			5. Earliest Yea	ar/Løtest Year
CORRESPONDENCE AND COMPLAINTS				
7. Record Series Format(s) List all Paper: Film / tape: Electronic: [] Letter Size [] Film/Sides [] Kept on Hard Drive (35mm, etc) [] Legal Size [] Microfilm/ [] Computer Tape Microfiche [] Rolls[] [] Audio Tape [] Floppy Disk [] Bound Book [] Video Tape [] CD,DVD,etc [] Cardx [] Other (specify)	8. Record Series Seque: 1. Alphabetical 2. Numerical 3. Chronological 4. Geographical 5. Other (specify)	nce	9. Volume Number 10. Annual Ad Number	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)
11. File is Used Daily Weekly x Monthly Annually		12. File Becomes Inactive After	[] Month(s)	
13. Current Location(s) (Bklg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (I [] Yes x No Agency/Format		ency or office.)
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other		16. Audit Requirements x None [] Ir 	ntemal [] Old eral [] Indep	
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No [] Yes [] No [] Tes [] No [] Tes [] Tes [] No [] Tes [] No [] Tes [] Tes [] No [] Tes [] No [] Tes [] No [] Tes [] No [] Tes [] Tes [] No [] Tes	18. RETENTION: RETAIN FOR FOUR YEAR:	S THEN C	DESTROY	
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-meil eddress: KRAVITZT@DHMH.STATE.MD.US	20. Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-5934			21. Date OCTOBER 28, 2003

DHMH Instructions -Make a list of all files. Determine whether each is non-record, re material or both. Group into Record Series. Prepare a separate inventory form for e Record Series identified. All Record Series are to be listed on a Schedula Form. For all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DRecords Officer thru your Records Coordinator.	ach Si orward S	MENT OF GENERAL SERVICES FATE RECORDS CENTER F275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794 (410) 799-1379		OHMH RECORDS INVENTORY GE 23 OF 34
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE		HEALTH ADMINISTRATION	3. Division/Un	it or Section MILK CONTROL
DEFINITION - RECORD SERIES - A group of related records normally filed and us 23. TANK TRUCK SERIES	sed as a unit for relearance as well as ref	ention and disposition purposes.	5. Earliest Yea	
A. INSPECTIONS B. CORRESPONDENCE				
7. Record Series Format(s) List all Paper: Film / tape: Electronic: [] Letter Size	8. Record Series Seque Alphabetical Numerical x Chronological Geographical Other (specify)	nice	9. Volume Number 10. Annual A	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) Commutation File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After	[] Month(s)	
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (I [] Yes x No Agency/Format		ency or office.)
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other		16. Audit Requirements x None [] Irede	nternal [] Old eral [] Indep	G pendent
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No		18. RETENTION: RETAIN FOR FOUR YEAR:	S THEN D	DESTROY
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US	20. Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-593-			21. Date OCTOBER 28, 2003

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE		HEALTH ADMINISTRATION	Division/Unit or Section DIVISION OF MILK CONTROL		
DEFINITION - RECORD SERIES - A group of related records normally filed and u	used as a unit for reference as well as ret	ention and disposition purposes.			
24. BOBTAILERS			5. Earliest Yea		
A. INSPECTION REPORTS					
B. PRODUCT SAFETY SHEETS					
	YMUL DOUTE)				
C. BOBTAILER LICENSE APPLICATIONS					
D. CORRESPONDENCE & COMPLAINTS	5				
E. LICENSES FOR BOBTAILERS					
				•	
	8. Record Series Seque	nce	9. Volume		
7. Record Series Format(s) List all Paper: Film / tape: Electronic:	(I) Alababattani			[] File Drawer(s)	
[] Letter Size [] Film/Slides [] Kept on Hard Drive	Alphabetical			Microfilm Reel(s) Computer Tape(s)	
(35mm, etc)	() Numerical		Number	[] Other (specify)	
[] Legal Size [] Microfitm/ [] Computer Tape Microfiche	x Chronological		10. Annual Ad	ccumulation	
[] Rolls[] [] Audio Tape [] Floppy Disk	A Gillonological		iv. randarra	[] File Drawer(s)	
[] Bound Book [] Video Tape [] CD,DVD,etc	Geographical			(i) Microfilm Reel(s)	
a social book a video rape a cos. 575. acc	[] Other (specify) _		[] Computer Tape(s) Number [] Other (specify)		
Cardx Cher (specify)					
11. File is Used [] Daily [] Weekly x Monthly [] Annually		File Becomes Inactive After Number	Il Month(s) Il Year(s)		
			-		
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If	yes, specify age	ency or office.)	
		[] Yes x No Agency/Format		-	
15. Privacy / Access Restrictions x Yes [] No		· '	itemal [] OIC		
x Personal x Medical [] Proprietary [] Classified [] Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		[] Legislative [] Feder	rel 🛮 Indep	penaent	
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION: RETAIN FOR FOUR YEARS	S THEN C	DESTROY	
[] Yes [] No					
19. Name and Title of Preparer	20. Location;				
TOM KRAVITZ				21. Date	
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA Telephone Number# 410 767-5934			OCTOBER 28, 2003	
Ё-mail address: KRAVITZT@DHMH.STATE.MD.US	respirate Humann 410 /07-090	. The trade to the state of the			

					
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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/		3. Division/Uni	t or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and	used as a unit for reference as well as re	tention and disposition purposes.			
25. MILK SURVEYS			5. Earliest Yea		
A. SURVEY ON MILK PLANTS & FARMS TO B. RELEASE FORMS AND AGREEMENTS-PI C. RESULTS OF INSPECTIONS	ERMISSION FOR PUB			PING RATES	
D. INTERSTATE MILK SHIPPERS INSPECTI	ON REPORTS				
E. REPORT OF MILK SANITARIAN RATING	SURVEY				
F. STATUS OF CONDENSED AND DRY MILE	CDI ANT INSDECTION	FORM			
		1 Oldivi			
G. REPORT OF ENFORCEMENT METHODS					
H. STATUS OF MILK PLANTS					
	8. Record Series Seque Alphabetical	ence	9. Volume Number 10. Annual Ac	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)	
11. File is Used ① Daily ② Weekly x Monthly ① Annually		12. File Becomes Inactive AfterNumber	I Month(s) I Year(s)		
Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If If Yes x No Agency/Format_			
15. Privacy / Access Restrictions x Yes I No x Personal x Medical I Proprietary I Classified I Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None [] Ir [] Legislative [] Fede	nternal [] OIG eral [] Indep		
17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY			
① Yes ① No					
19. Name and Title of Preparer	20. Location:	***	i		
TOM KRAVITZ				21. Date	
DHMH RECORDS OFFICER	201 WEST PRESTON STREET, BA			OCTOBER 28, 2003	
E-mail address: KRAVITZT@DHMH.STATE.MD.US	Telephone Number# 410 767-593	4 KOOM# KUUM 503 A	\		

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/		3. Division/Uni	t or Section
DEFINITION - RECORD SERIES - A group of related records normally filed and u	sed as a unit for reference as well as ret	ention and disposition purposes.		
26. RESTAURANTS AND MARKETS			5. Earliest Yea	nr/Latest Year
FILE SERIES CONTAINS ACCOUNTS OF CORRESPONDENCE, LEGISLATION CITI FORMS, FOOD SERVICE SANITATION PR	ED, REPORTS OF F	OOD SERVICE SANITATIO	N PROG	
	8. Record Series Seque I Alphabetical I Numerical x Chronological	nce	9. Volume Number	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) Council of the control of the cont
	Geographical Other (specify)		Number	I File Drawer(s) I Microtilim Reel(s) Computer Tape(s) I Other (specify)
11. File is Used () Daily () Weekly x Monthly () Annually		12. File Becomes Inactive After	[] Month(s) [] Year(s)	
Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (I [] Yes x No Agency/Format []		
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None () li () Legislative () Feda	nternal [] OIG eral [] Indep	
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No		18. RETENTION: RETAIN FOR FOUR YEAR	S THEN D	ESTROY
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER	20. Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-593			21. Date OCTOBER 28, 2003

E-mail address: KRAVITZT@DHMH.STATE.MD.US

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE		HEALTH ADMINISTRATION	Division/Unit or Section Division OF FOOD CONTROL		
27. LICENSURE FUILE FOR FOOD PROC	ention and disposition purposes.	5. Earliest Yea			
A. FROZEN FOOD PROCESSING PLANT OP B. APPLICATIONS FOR LICENSE TO OPERA C. SOFT DRINK BEVERAGE MANUFACTURI D. APPLICATION FOR SOFT DRINK BEVERA E. CANNERY OPERATION LICENSE F. APPLICATION FOR LICENSE TO OPERA G. APPLICATION FOR LICENSE TO OPERA H. APPLICATION FOR LICENSE TO OPERA	G LICENSE R TO INSPECTION) WAREHOUSE	DD LOCKI	ER) PLANT		
8. Record Series Sequen [Alphabetical [Numerical x Chronological [Geographical] Other (specify)		nce	9. Volume File Drawer(s) Microfirm Reek(s) Computer Tape(s) Number Other (specify) 10. Annual Accumulation File Drawer(s) Microfirm Reek(s) Computer Tape(s) Number Other (specify)		
11. File is Used [] Daily [] Weekly x Monthly [] Annually	12. File Becomes Inactive AfterNumber	() Month(s) () Year(s)			
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If [] Yes x No Agency/Format	s Record Series Duplicated Elsewhere? (If yes, specify agency or office.) I Yes x No Agency/ Format		
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None [] Internal [] OIG [] Legislative [] Federal [] Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No		18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY			
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER	20. Location: 201 WEST PRESTON STREET, BALTIMORE MD 21201 Telephone Number# 410 767-5934 Room # ROOM 503 A			21. Date OCTOBER 28, 2003	

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/I	- Later and the second	3. Division/Unit	or Section
DEFINITION - RECORD SERIES - A group 7f related records normally filed and u	sed as a unit for reference as well as ret	ention and disposition purposes.		
28. REGISTRATION FILE FOR OUT OF S		5. Earliest Yea	•	
A. APPLICATION FOR SOFT DRINK AND BO B. REGISTRATION FOR SOFT DRINK AND B C. SOFT DRINK REGISTRATION FILE: STATE OF ACCEPTABILITY FORM A COPIES OF BOTTLED WATER LABE STATEMENT OF ACCEPTABILITY FOR A TANK TRUCK INSPECTION BY APPL	T MANUFACTURED IN MARY	YLAND		
8. Record Series Sequence Alphabetical		nce	9. Volume Number 10. Annual Ac	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)
11. File is Used Daily () Weekly x Monthly () Annually		12. File Becomes Inactive After	[] Month(s) [] Year(s)	
13. Current Location(s) (Bldg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS			cated Elsewhere? (If yes, specify agency or office.) Agency/ Format	
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None [] Internat [] OIG [] Legislative [] Federat [] Independent		
17. Is an Index System used? If yes, explain briefly and describe requirements (3 Yes [] No		18. RETENTION: RETAIN FOR FOUR YEARS THEN DESTROY		
19. Name and Title of Preparer 20. Location: TOM KRAVITZ DHMH RECORDS OFFICER E-meil eddress: KRAVITZT@DHMH.STATE.MD.US				21. Date OCTOBER 28, 2003

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## PAGE 29 OF 34 ## PAGE 29 O	material or both. Group into Record Series. Prepare a separate inventory form for each	ATE RECORDS CENTER	DHMH RECORDS INVENTORY			
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE DEFINITION - RECORD SERIES - A group 71 related monorth commity field and used as a unit for reference as well are refer			PAG	PAGE 29 OF 34		
MD DEPT OFHEALTH 8. MENTAL HYGIENE DEFINITION - RECORD SERIES - A group 77 related records roomaly filed and used as a unit for inference as well as relations and disposition purposes. 29. SEAFOOD PLANT INSPECTIONS SERIES a. Enfacel Yourifulnest Year b	Records Officer thru your Records Coordinator.					
MD DEPT OFHEALTH 8. MENTAL HYGIENE DEFINITION - RECORD SERIES - A group 7/ related records normally filed and used as a unit for reference as well as relatefor and disposition purposes. 29. SEAFOOD PLANT INSPECTIONS SERIES A. FILES MAINTAINED ON CORRESPONDENCE, INSPECTIONS, ENFORCEMENT ACTIONS, AND ISSUANCE OF LICENSES FOR CRABMEAT AND SHELL STOCK PLANTS IN MARYLAND B. SHELLFISH CERTIFICATES C. CRABMEAT OPERATING LICENSES D. SHUCKING-PACKING PLANT INSPECTION FORM B. Racord Series Sequence B. Racord Series Sequence C. Aphrhadeal D. Numerical A. Chronological D. Other (specify) 10. Annual Accountation 11. File is Used D. Other (specify) 12. File Bocomes bractive After	Department/Agency			3. Division/Un	it or Section	
8. MENTAL HYGIENE DEFINITION. PECCHIO SERIES - A group 77 related records normally field and used as a unit for inference as well as mainten and disposition purposes. 29. SEAFOOD PLANT INSPECTIONS SERIES A. FILES MAINTAINED ON CORRESPONDENCE, INSPECTIONS, ENFORCEMENT ACTIONS, AND ISSUANCE OF LICENSES FOR CRABMEAT AND SHELL STOCK PLANTS IN MARYLAND B. SHELLFISH CERTIFICATES C. CRABMEAT OPERATING LICENSES D. SHUCKING-PACKING PLANT INSPECTION FORM 8. Record Series Sequence 10. Aphredical 11. File is Used 10 Daily 10 Weekly x Monthly 18 Acrously 12. File Bocomes Insertine Affer 1 year, specify agency or office) 4. Carrent Location(s) (1869, Poor, Room) 4. Direction (1894, Poor, Room)	• • •	ł				
29. SEAFOOD PLANT INSPECTIONS SERIES 5. Earliest Vest Vest — 10 — 10 — 10 — 10 — 10 — 10 — 10 — 1	& MENTAL HYGIENE			DIVISION OF	FOOD CONTROL	
A. FILES MAINTAINED ON CORRESPONDENCE, INSPECTIONS, ENFORCEMENT ACTIONS, AND ISSUANCE OF LICENSES FOR CRABMEAT AND SHELL STOCK PLANTS IN MARYLAND B. SHELLFISH CERTIFICATES C. CRABMEAT OPERATING LICENSES D. SHUCKING-PACKING PLANT INSPECTION FORM B. Record Series Sequence G. Abhabetical G. Abhabetical G. Corportier Tepelo) Numerical A Corportier Tepelo) Numerical G. Corportier Tepelo) A Corportier Tepelo) D. Geographical G. Corportier Tepelo) Number G. Other (specify) 10. Annual Accumulation G. Corportier Tepelo) Number G. Other (specify) 11. File & Used G. Daily & Weetly x Monthly & Acmuely 12. File Bocorries Inactive After G. Yaurice 13. Current Lossion(s) (If you, specify appracy or office)			ention and disposition purposes.	1		
LICENSES FOR CRABMEAT AND SHELL STOCK PLANTS IN MARYLAND B. SHELLFISH CERTIFICATES C. CRABMEAT OPERATING LICENSES D. SHUCKING-PACKING PLANT INSPECTION FORM 8. Record Series Sequence Q. Aphibetical Q. Other (specify) Q. Aphibetical Q. Other (specify) Q. Othe	29. SEAFOOD FLANT INSPECTIONS SENT	L 3				
LICENSES FOR CRABMEAT AND SHELL STOCK PLANTS IN MARYLAND B. SHELLFISH CERTIFICATES C. CRABMEAT OPERATING LICENSES D. SHUCKING-PACKING PLANT INSPECTION FORM 8. Record Series Sequence 1. Aphabetical 2. Aphabetical 3. Aphabetical 4. Compoular Tape(s) 4. Com						
B. SHELLFISH CERTIFICATES C. CRABMEAT OPERATING LICENSES D. SHUCKING-PACKING PLANT INSPECTION FORM 8. Record Series Sequence 9. Volume 10. File Drawer(s) 11. File is Used 0 Deby 0 Weekly x Monthly 0 Annueby 12. File Becomes inactive After 0 Month(s) 13. Current Location(s) (Bkg., Fior. Room) 14. Is Record Series Dupicated Elsewhere? (If yes. specify agency or office.)				IONS, AN	ID ISSUANCE OF	
C. CRABMEAT OPERATING LICENSES D. SHUCKING-PACKING PLANT INSPECTION FORM 8. Record Series Sequence 1		TOCK PLANTS IN I	MARYLAND			
B. Record Series Sequence S. Volume						
8. Record Series Sequence 9. Volume 0 File Drewer(s) 0 Microtim Reel(s) 10 Computer Tape(s) Number 0 Other (specify) 11. File is Used 0 Daily 0 Weekly x Monthly 0 Annually 12. File Becomes Inactive After 0 Month(s) Number 0 Other (specify) 13. Current Location(s) (Bldg. Floor, Room) 4201 PATTERSON AVENUE. BALTIMORE AND OTHER LOCATIONS	C. CRABMEAT OPERATING LICENSES					
Alphabetical	D. SHUCKING-PACKING PLANT INSPECTI	ON FORM				
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Computer Tape(s) Number Computer Tape(s) Number Other (specify) X Chronological 10. Annual Accumulation File Drawer(s) Geographical Microfilm Reek(s) Other (specify) Other (specify) 11. File is Used Daily Weekly x Monthly Annualty 12. File Becomes Inactive After Month(s) Number Month(s) Year(s) 13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		8. Record Series Sequel	nce	9. Volume	() File Drawer(s)	
Number Other (specify)						
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Geographical Microfirm Real(s) Computer Tape(s) Number Other (specify) Other (specify)	x Chronological			10. Annual A	ocumulation	
11. File is Used [] Daily [] Weekly x Monthly [] Annually 12. File Becomes Inactive After		ß Geographical				
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13. Current Location(s) (Bidg., Floor, Room) 14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS	11. File is Used [] Daily [] Weekly x Monthly [] Annually					
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4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS	13. Current Location(s) (Bldg., Floor, Room)					
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	[] Yes x No			x no Agency/ Format		
15. Privacy / Access Restrictions x Yes [] No 16. Audit Requirements x None [] Internal [] OIG	15. Privacy / Access Restrictions x Yes [] No		16. Audit Requirements x None [] Internal [] OIG [] Legislative [] Federal [] Independent			
	x Personal x Medical [] Proprietary [] Classified []Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS					
			40 DETENTION			
17. Is an Index System used? If yes, explain briefly and describe requirements RETAIN FOR FOUR YEARS THEN DESTROY	17. Is an Index System used? If yes, explain briefly and describe requirements		18. RETAIN FOR FOUR YEARS THEN DESTROY			
1 Yes 1 No	0 Yes		NETAIN FOR FOR TEARS THEN DESTROY			
19. Name and Title of Preparer 20. Location: 21. Date	19. Name and Title of Preparer 20). Location:			21 Date	
1 OM KRAVITZ 201 WEST PRESTON STREET, BALTIMORE MD 21201 OCTOBER 28, 2003	2	201 WEST PRESTON STREET, BA	LTIMORE MD 21201			
DHMH RECORDS OFFICER Telephone Number# 410 767-5934 Room # ROOM 503 A E-meil eddress: KRAVITZT@DHMH.STATE.MD.US		Telephone Number# 410 767-5934	Room# ROOM 503 A	00100EN 20, 2000		

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	(410) 799-1379 2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION			Division/Unit or Section DIVISION OF FOOD CONTROL		
DEFINITION - RECORD SERIES - A group 7f related records normally filed and us	sed as a unit for reference as well as rete	ention and disposition purposes.				
30. PLAN REVIEW ACTIVITIES FILE			5. Earliest Yea	r/Latest Year		
FILE CONTAINS CORRESPONDENCE, R PROCESSING PLANT PRE-OPENING INS		ENT INSTALLATIONS, HAC	SCP PLA	NCS AND FOOD		
8. Record Series Sequer Alphabetical Numerical x Chronological		nce	9. Volume File Drawer(s) Microfilm Reel(s)			
	Geographical Other (specify)			Microtim Reet(s)		
11. File is Used Daily Weekly x Monthly Annually		12. File Becomes Inactive After	[] Month(s) [] Year(s)			
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		4. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [] Yes x No Agency/ Format				
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS	16. Audit Requirements x None () Internal () OIG () Legislative () Federal () Independent					
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19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US	20. Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-5934			21. Date OCTOBER 28, 2003		

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1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION			Division/Unit or Section DIVISION OF FOOD CONTROL		
DEFINITION - RECORD SERIES - A group 7f related records normally filed and us	sed as a unit for reference as well as reta	ention and disposition purposes.				
31. INSPECTION FILES			5. Earliest Year/Latest Year to			
FILES MAINTAINED ON THE INSPECTION CORESPONDENCE AND HEARINGS MAII FOOD WAREHOUSE INSPECTION BEVERAGE PLANT INSPECTION BAKERY INSPECTION REPORTS	NTAINED ON COMP N REPORTS REPORTS					
8. Record Series Sequer Alphabetical		nce	9. Volume Computer Tape(s) Computer Tape(s)			
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive AfterNumber	Month(s) Year(s)			
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) [] Yes x No Agency/ Format				
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None [] Internal [] OIG [] Legislative [] Federal [] Independent				
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No		18. RETENTION: RETAIN FOR THREE YEARS THEN DESTROY				
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-meil address: KRAVITZ@DHMH.STATE.MD.US 20. Location: 201 WEST PRESTON STREET, BAI Telephone Number# 410 767-5934			21. Date OCTOBER 28, 2003			

DHMH Instructions -Make a list of all files. Determine whether each is non-record, rematerial or both. Group into Record Series. Prepare a separate inventory form for a Record Series identified. All Record Series are to be listed on a Schedule Form. For all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the DRecords Officer thru your Records Coordinator.	each ST. orward 7 OHMH	MENT OF GENERAL SERVICES ATE RECORDS CENTER 275 WATERLOO ROAD P.O. BOX 275 SSUP, MARYLAND 20794		HMH RECORDS INVENTORY
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	(410) 799-1379 2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION			t or Section FOOD CONTROL
32. FOOD SERVICE ESTABLISHMENT IN JURISDICTIONS		5. Earliest Yea	nr/Letest Year	
FILE SERIES CONTAINS CORRESPONDE INSPECTION SHEETS RETAINED FOR RE FOOD SERVICE FACILITIES INSP LIST OF OBSERVATIONS RECEIPT OF FOOD	ESTAURANTS IN MA		BLISHME	INTS IN MARYLAND.
8. Record Series Sequer Alphabetical Numerical X Chronological Geographical Other (specify)		109	9. Volume Fae Drawer(s) Microfilm Reel(s) Computer Tape(s) Number Other (specify) 10. Annual Accumulation File Drawer(s) Microfilm Reel(s) Computer Tape(s) Number Other (specify)	
11. File is Used (i) Daily (i) Weekly x Monthly (i) Annually		12. File Becomes Inactive After	[] Month(s) [] Year(s)	
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If		
15. Privacy / Access Restrictions x Yes II No x Personal x Medical II Proprietary II Classified II/Other		16. Audit Requirements x None [] In	nternal [] OIG eral [] Indep	
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No		18. RETENTION: RETAIN FOR THREE YEARS THEN DESTROY		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-meil address: KRAVITZT@DHMH.STATE.MD.US	20. Location: 201 WEST PRESTON STREET, BAI Telephone Number# 410 767-5934			21. Date OCTOBER 28, 2003

DHMH Instructions -Make a list of all files. Determine whether each is non-record, of material or both. Group into Record Series. Prepare a separate inventory form for Record Series identified. All Record Series are to be listed on a Schedule Form. File all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.	STATE RECORDS CENTER 7275 WATERLOO ROAD DHMH P.O. BOX 275 JESSUP, MARYLAND 20794			HMH RECORDS INVENTORY
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	2. Office/Administration/	(410) 799-1379 Board HEALTH ADMINISTRATION	3. Division/Un	t or Section
DEFINITION - RECORD SERIES - A group 7f related records normally filed and u	sed as a unit for reference as well as ret	ention and disposition purposes.		
33. CHILD NUTRITION PROGRAM			5. Earliest Yea	
ALL RECORDS REQUIRED BY US DEPAR	RTMENT OF AGRICU	JLTURE AND MSDE		
	8. Record Series Seque 3. Alphabetical 4. Numerical 5. Chronological 6. Geographical 7. Other (specify)		9. Volume Number 10. Annual Ad Number	File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify) Commutation File Drawer(s) Microfilm Reel(s) Computer Tape(s) Other (specify)
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After	I Month(s) I Year(s)	
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office.) (I Yes x No Agency/ Format		
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other		16. Audit Requirements x None [] tr [] Legislative [] Fede	ntemal († Oto eral († Indep	
Is an Index System used? If yes, explain briefly and describe requirements Yes No		18. RETENTION: RETAIN FOR THREE YEAR CREATED, OR UNTIL AUG		
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER E-mail address: KRAVITZT@DHMH.STATE.MD.US	20. Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-593			21. Date OCTOBER 28, 2003

DHMH Instructions -Make a list of all files. Determine whether each is non-record, material or both, Group into Record Series. Prepare a separate inventory form for Record Series identified. All Record Series are to be listed on a Schedule Form. It all Records Inventory forms with the proposed Schedule form (DGS 550-1) to the Records Officer thru your Records Coordinator.	each ST Forward 7 DHMH	DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		DHMH RECORDS INVENTORY PAGE 34 OF 34	
1. Department/Agency MD DEPT OFHEALTH & MENTAL HYGIENE	COMMUNITY	2. Office/Administration/Board COMMUNITY HEALTH ADMINISTRATION		t or Section	
34. INSTITUTIONAL REVIEW BOARD FIL		intion and disposition purposes.	5. Earliest Yea		
A. RESEARCH PROTOCOLS B. IRB MINUTES			٠		
·	8. Record Series Sequence ① Alphabetical ① Numerical x Chronological ① Geographical ② Other (specify)		9. Volume File Drawer(s) Microfilm Reel(s) Computer Tape(s) Number Other (specify) 10. Annual Accumulation File Drawer(s) Microfilm Reel(s) Computer Tape(s) Number Other (specify)		
11. File is Used [] Daily [] Weekly x Monthly [] Annually		12. File Becomes Inactive After	[] Month(s)		
13. Current Location(s) (Bidg., Floor, Room) 4201 PATTERSON AVENUE, BALTIMORE AND OTHER LOCATIONS		14. Is Record Series Duplicated Elsewhere? (If			
15. Privacy / Access Restrictions x Yes [] No x Personal x Medical [] Proprietary [] Classified []Other (If Yes, cite Law(s) & Regulation(s) HIPAA, PERSONNEL REGS		16. Audit Requirements x None [] Internal [] OIG [] Legislative [] Federal [] Independent			
17. Is an Index System used? If yes, explain briefly and describe requirements [] Yes [] No		18. RETENTION: A. RETAIN 3 YEARS AFTER STUDY THEN DESTROY B. RETAIN PERMANENTLY ->MSA			
19. Name and Title of Preparer TOM KRAVITZ DHMH RECORDS OFFICER	20. Location: 201 WEST PRESTON STREET, BA Telephone Number# 410 767-5934			21. Date OCTOBER 28, 2003	